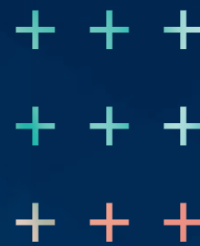


Support H.R. 1317/ S. 575 - ICAN Act



THE PROBLEM

Federal government regulations are impeding access to and increasing the cost of healthcare.

THE SOLUTION

The ICAN Act (H.R. 1317/S. 575) removes federal barriers in Medicare and Medicaid that currently prevent Advance Practice Registered Nurses (APRNs) from practicing to the top of their education and clinical training.



Certified Registered Nurse Anesthetists (CRNAs) Can Provide the Highest Quality Care, If Congress Lets Them

CRNAs, one group of APRNs affected by current federal law, are qualified to and have a proven track record of safely administering surgery-related anesthesia without physician supervision. Allowing CRNAs to administer surgery-related anesthesia improves patient access to care and lowers healthcare costs. CRNAs are highly trained anesthesia providers, who average approximately 10,000 clinical hours before going into practice. The overwhelming majority of states allow CRNAs to provide anesthesia autonomously as part of the surgical team. Peer-reviewed data overpoweringly shows that CRNA outcomes are equivalent to physician anesthesiologists, provided at a lower cost, and to many rural and underserved populations lacking physicians. Outdated Medicare barriers impede access to care and Congress must act to address them.

Care Can't Wait

The Improving Care and Access to Nurses (ICAN) Act (H.R. 1317/S. 575) would make critical updates to Medicare and Medicaid to meet the needs of and increase efficiency within the program. It would remove outdated barriers to care, improve access, and ensure that Medicare beneficiaries are able to receive the highest quality care from a CRNA, or other APRN, in a timely and efficient manner, without making any changes to scope of practice for any APRN.

Modernizing Medicare

The ICAN Act would update Medicare policy related to CRNA practice:

- + Remove unnecessary and restrictive supervision requirements on CRNAs.
- + Ensure CRNAs working within their scope can be reimbursed for evaluation & management.
- + Make sure CRNAs are reimbursed for necessary ordering and referring services.
- + Address inequities in teaching reimbursement for student registered nurse anesthetists.
- + Make CRNA services a required benefit under the Medicaid Program.

Supported by Evidence and Independent Recommendations

More than 260 National, State, and Local organizations, spanning the political spectrum, support the ICAN Act. Supporters include AANA, The National Rural Health Association, LeadingAge, AARP, Americans for Prosperity, Progressive Policy Institute, and the National Association of Rural Health Clinics.